

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ERIC R. FIRST.)	Examiner:
)	
Serial No.: Pending)	Group Art Unit:
)	
Filed: Herewith)	
)	
For: BOTULINUM TOXIN THERAPY)	Irvine, California
FOR SKIN DISORDERS)	
)	

22390 U.S. PTO
10/731973**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs.
- (x) Specification (44 pages) 11 Claims (2 pages); Abstract (1 page)
- (x) Drawings (-1- sheet)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682687US

Dated: Decembder 9, 2003

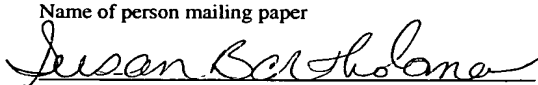

 Stephen Donovan
 Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **December 9, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682687US with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Susan Bartholomew
 Name of person mailing paper

Date: December 9, 2003


 Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **BOTULINUM TOXIN THERAPY FOR SKIN DISORDERS** by the following named inventor:

1	Full Name of Inventor	Last Name: FIRST	First Name: ERIC	Middle Name: R.	
	Residence and Citizenship	CITY: BOSTON	State or Foreign Country: MASSACHUSETTS	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 52 N STREET	City: BOSTON	State or Country: MASSACHUSETTS	Zip Code: 02127-2305
2	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 44 pages, 11 claims (2 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	11 minus 20 =	-0-	\$18.00	\$0.00
Independent Claims	3 minus 3 =	-0-	\$86.00	\$0.00
If application contains any multiple dependent claims, then add			\$290.00\$	0.00
TOTAL FILING FEE				\$770.00

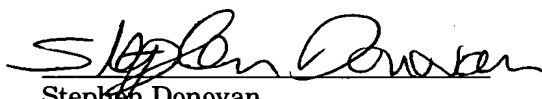
- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- () An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (x) New drawing(s) are enclosed in -1- sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (x) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN
 Registration No. 33,433
 ALLERGAN, INC.
 2525 Dupont Drive, T2-7H
 Irvine, CA 92612
 Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: December 9, 2003


 Stephen Donovan
 Registration No. 33,433
 Attorney of Record